


		MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Waste and Hazardous Materials Division <h2 style="text-align: center;">SITE IDENTIFICATION</h2> <p style="font-size: small; text-align: center;">Required under authority of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.</p>				
<b>I. The form is being submitted</b>  CHECK CORRECT BOX(ES)  Contact the MDEQ-WHMD District or Lansing office for pre-populated form - for locations and phone numbers go to <a href="http://www.michigan.gov/deq">www.michigan.gov/deq</a>		<input type="checkbox"/> as initial notification: to notify as a new site or new owner for the site. <b>Mail \$50.00 (make check payable to State of Michigan) to: MDEQ Revenue Office - HWUC, PO Box 30657, Lansing, MI 48909-8157</b> OR <input type="checkbox"/> as subsequent notification: to change, update, or verify site information for an existing owner of a site with a previously issued site id number (may submit directly to WHMD-MDEQ at <b>WHMD-MDEQ, Notification Unit, PO Box 30241, Lansing, MI 48909-4797, or fax 517-373-4797</b> ) <input type="checkbox"/> as a component of the User Charge Packet (submit to <b>MDEQ Revenue Office</b> ) <input type="checkbox"/> as a component of a Hazardous Waste Permit Part A (submit to <b>WHMD-MDEQ</b> ) <input type="checkbox"/> as a component of the Hazardous Waste Report (biennial report) (submit to <b>WHMD-MDEQ</b> )				
<b>II. Site's ID Number</b>		A. Site's Identification (ID) Number:				
<b>III. Name of Site</b> TYPE OR PRINT CLEARLY		A. Legal Company Name:				
		B. Site Specific Name (d/b/a):				
<b>IV. NAICS for this Site</b>		A.	B.	C.	D.	
<b>V. Site Location Address and Other Site Information</b>  TYPE OR PRINT CLEARLY		Street Address:				
		City, Town, or Village:			State:	
		Province or Subdivision:			Country:	
		County Name (MI only):			Zip/Postal Code:	
		Tax Number:		Approx / Ave Number of Employees:		
<b>VI. Site Mailing Address</b>  TYPE OR PRINT CLEARLY		Street or PO Box:				
		City, Town, or Village:				
		Province or Subdivision:		State:		
		Country:		Zip / Postal Code:		
<b>VII. Site Contact Person</b>  TYPE OR PRINT CLEARLY		First Name:		MI:	Last Name:	
		Phone Number:		Phone number extension:		
		email address:		Fax number:		
<b>VIII. Indian Reservation</b>		Facility on Indian Reservation Land <input type="checkbox"/> yes <input type="checkbox"/> no				
<b>IX. Owner of the site and/or Operator of Site</b>  TYPE OR PRINT CLEARLY  Add any additional owners or operators on the comment page. The property owner is not required unless said property owner also acts as the owner or operator of the activity that generates the waste		A. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator		Approx date became owner or operator: Approx date ceased as owner or operator:		
		Name:				
		Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				
		(check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator		Approx date became owner &/or operator: Approx date ceased as owner &/or operator:		
		Name:				
		Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				

**X. Type of Regulated Waste Activity**

Mark 'X' in the appropriate box(es) for the activity on-site as of the date signed or the date entered in comment section XII.

**A. Hazardous Waste Activity(ies) at this location**1. Generator of hazardous waste (can only choose one of the following three categories)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; **or**
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; **or**
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

**For items 2 through 8, check all that apply**

2. Transporter of hazardous waste

- ☐ a. Transport hazardous waste
- ☐ b. Commingle waste
- ☐ c. Offloads during transportation

**[may require a permit & registration]**

3. Designated facility (hazardous waste received from off-site)

- ☐ a. Treats or treated waste on-site at this location
- ☐ b. Stores or stored waste on-site at this location
- ☐ c. Disposes of or disposed of waste on-site at this location
- ☐ d. Recycles recyclable materials on-site at this location

**[requires submittal of Part A & permit]**☐ 4. Underground injection well on-site at this location☐ 5. Import agent for hazardous waste☐ 6. Generates mixed radioactive waste on-site at this location☐ 7. Accepts hazardous waste from CESQG & accumulates over 1000kg on-site at this location

8. Exempt boiler and/or Industrial Furnace on-site at this location

- ☐ a. Smelting, melting, and refining furnace exemption
- ☐ b. Small quantity on-site burner exemption

**B. Polychlorinated biphenyls (PCBs) generated at this location.**☐ Generated an item, product, or material containing a concentration equal to or greater than 100 ppm of PCB**C. Used Oil Activities at this location**, check all that apply: (used oil generator only - go to E.)  
[see comments for additional information]

1. Used Oil Fuel Marketer

- ☐ a. Marketer who directs shipments of off-specification used oil to used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications.

☐ 2. Off-specification Used Oil Burner

3. Used Oil Transporter (check one only)

- ☐ a. Transporter only
- ☐ b. Transporter with transfer facility

**[requires a permit & registration]**☐ 4. Used Oil Processor☐ 5. Used Oil Re-refiner☐ 6. Used Oil Collection or Aggregation Point☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil**D Universal Waste Activities at this location**, check all that apply:

1. Large Quantity Handler: check the box(es) for the universal wastes generated or accumulated

<u>type of universal waste</u>	<u>generating</u>	<u>accumulating over 5,000kg</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Thermometers	<input type="checkbox"/>	<input type="checkbox"/>
d. Devices containing elemental mercury	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Switches	<input type="checkbox"/>	<input type="checkbox"/>
f. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
g. Electric Lamps	<input type="checkbox"/>	<input type="checkbox"/>
h. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
i. Consumer Electronics	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)**E. Liquid Industrial Waste Activities at this location**, check all that apply: (not hazardous waste activity)☐ 1. Liquid Industrial Waste Transporter**[requires a permit & registration]**☐ 2. Transporting own waste☐ 3. Liquid Industrial Waste Generator☐ 4. Liquid Industrial Waste Designated Facility**F. All generation of waste has ceased at this location and/or any other regulated waste activity specified in Section X. Check one box and enter in a date using this format (mm/dd/yyyy):**☐ 1. still in business at this location☐ 2. out of business at this location

Date ceased: \_\_\_\_\_

**XI. Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.**Signature of owner, operator, or authorized representative****Name and Official Title (type or print)****Date Signed (mm-dd-yyyy)**

**XII. Comments:**

If there is a change in the activity status under Section X.A.1.a-c or Section X.C.1, 2, 4, or 5, from the previously reported regulated waste activity at this site, the actual data of the change could impact the user fee. Please indicate below the actual date of the regulated waste activity change(s) at this site and add an explanation. Otherwise, the effective date of the regulated waste activity(ies), specified in Section X, will become effective on the certification date (Section XI). To determine the current waste activity at this location please log into to the public website at <http://www.deqstate.mi.us/wdspi>